

2018 ACTIVE STATE EMPLOYEE BENEFITS ENROLLMENT GUIDE

ARIZONA

DEPARTMENT OF ADMINISTRATION
BENEFITS

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NOTICE: This guide is designed to summarize the benefits offered through the State of Arizona Benefit Options Program. The actual benefits available to you and the descriptions of these benefits are governed in all cases by 26 U.S. Code § 125, Plan Descriptions, and contracts. The State of Arizona reserves the right to modify, change, revise, amend, or terminate these benefit Plans at any time.

Benefit Changes for 2018

The 2018 Benefits Plan Year is January 1 - December 31, 2018. Important changes are being made effective January 1, 2018, which will impact all employees who elect State benefits. See below for a quick overview of what is changing for 2018. For a full explanation, please see the pages noted.

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| <ul style="list-style-type: none">❑ ALEX Virtual Benefits Counselor, pg. 7.
Visit myalex.com/adoa/2018 for an interactive tool to help you evaluate your benefit options.❑ Copay Changes, pgs. 5, 9. For the first time since 2009, copayments are increasing.❑ New DHMO Dental Provider, pg. 10.
Cigna Dental is the new Dental Health Management Organization carrier, replacing Total Dental Administrators. On this plan, premiums have decreased.❑ Healthcare Flexible Spending Account VISA Debit Card, pg. 14. Pay your healthcare expenses with a convenient VISA debit card. | <ul style="list-style-type: none">❑ Medical Plan Premiums, pg. 5.
Premiums for all medical plans have increased.❑ Preventive Care at \$0 copay, pg. 4.
A wide range of routine screenings and medications are included.❑ High Deductible Health Plan (HDHP) with Health Savings Account (HSA), pg. 4.
Access the same Aetna network, but enjoy 15% lower costs for using Banner facilities. Plus, the IRS has increased deductibles and contribution limits for 2018.❑ Supplemental Life Insurance, pg. 12.
Premiums are lower this year. |
|--|--|

How to Enroll

Step 1: SPEAK TO ALEX! Visit myalex.com/adoa/2018.

The virtual benefits counselor called ALEX will help you explore your options, and determine the most appropriate and cost-effective plans for you. **To learn more – see pg. 7.**

Step 2: ENROLL. Visit yes.az.gov to make your elections. Click Here to Log in > Username (your EIN) > Y.E.S. Password > Open Enrollment.

Username

- Your five- or six-digit Employee Identification Number (EIN).
- If you received this guide by mail, your EIN is on the cover letter.

Password

- **New Hires:** Enter your initial default password—your four-digit birth year plus the last four digits of your Social Security Number (for example—if you were born in 1978 and your SSN is 123-45-6789, your default password is 19786789).
- **Forgotten Passwords:** Visit yes.az.gov and click the reset link.
To update electronically, you must have registered an email or cell phone number. To reset manually, contact the HRIS Help Desk 602-542-4700 or hrihelpdesk@azdoa.gov.

Web Browsers: Microsoft Internet Explorer and Google Chrome are the only certified browsers for Open Enrollment. Other browsers are not certified for our enrollment system and may cause issues with enrolling.

University Employees

- **ASU – cfo.asu.edu/benefits-open-enrollment** > Enroll Now.
Or My ASU > ASURITE User ID and password.
- **NAU – peoplesoft.nau.edu** > your employee ID & password > LOUIE
- **UA – uaccess.arizona.edu** > Employee/Manager Self Service.

Personal Contact Information & Beneficiary Update

All employees electing benefits for 2018 ***are required*** to validate and update their personal contact information, such as email and phone number, and their designated beneficiaries for Basic and Supplemental Life insurance.

If you are electing Supplemental Life insurance for the first time during Open Enrollment, you will be unable to designate a beneficiary. You must login to Y.E.S. ***after*** January 1, 2018, when the plan becomes effective, to designate a beneficiary.

Eligibility for Benefits

Employee: You and your eligible dependents may participate in the Benefit Options Program if:

- 1) You are an active employee of the State or a State University and are regularly scheduled to work 20 hours or more per week for at least 90 days or longer; or
- 2) You are a seasonal, temporary, or variable hour employee that has been paid for an average of at least 30 hours per week using a 12-month measurement period.

Dependents: An eligible dependent includes:

- 1) Your legal spouse as defined by Arizona Statute.
- 2) Your child(ren) under 26 years old defined as:
 - a. Your natural child, adopted child, stepchild, foster child, child for whom you have court-ordered guardianship, or child placed in your home by court order pending adoption.
 - b. Your child who is disabled and continues to be disabled as defined by 42 U.S.C. 1382c before age 26.

Supporting Documentation: For dependents who are being enrolled for the first time, AND fall into the following categories:

- Stepchild
- Court-ordered guardianship
- Placed in your home by court order pending adoption
- Different last name

You will need to submit a copy of the birth certificate or marriage license within 14 days to the ADOA Benefit Services Division to complete processing of benefits coverage. **Failure to submit documentation will result in a loss of enrollment.**

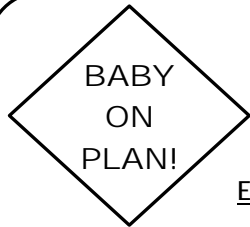
Social Security Numbers: In accordance with the Mandatory Insurer Reporting Law, **employees are required to provide Social Security Number (SSN) for all dependents enrolled** in the Benefit Options Plan. This information is required to prepare IRS Form 1095-C under the Patient Protection and Affordable Care Act (ACA) provisions. If you do not provide all SSNs to the State of Arizona accurately, you may have to pay a penalty to the IRS.

Qualifying Life Events

Once the Open Enrollment period has ended, you may only change your benefit elections when you experience a Qualified Life Event (QLE). Events that may be considered a QLE must **be submitted in writing to the ADOA Benefit Services Division within 31 days of the event**. A QLE event may include but not be limited to:

- Marriage, divorce, legal separation, annulment, death of a spouse.
- Birth, adoption, placement for adoption, guardianship, dependent eligibility due to limited age, death of a dependent child, change in legal custody.
- Change in employment status or work schedule that affects benefits eligibility for you and/or your dependents.

Supporting documentation must be provided with a request for an election change. **Failure to submit documentation within 31 days will result in a loss of enrollment.** For more information regarding QLE's, contact your agency Benefit Liaison or visit benefitoptions.az.gov.



Newborn Coverage
Your newborn is **ONLY** covered under your insurance for the first 31 days after birth. Before the 31st day, you must **ENROLL your newborn as a dependent** or the child will not have coverage. You will have to wait to enroll until the next Open Enrollment or Qualified Life Event.

Dual Coverage

For those state/university employees or retirees (Person 1) with a spouse who is also a state/university employee or retiree (Person 2), you may choose one of the following enrollment options:

- **Option A:** Person 1 may elect to include Person 2 on their state/university coverage or vice versa.
- **Option B:** Person 1 and Person 2 may each elect their own state/university coverage.

You cannot choose Option A and B at the same time. If you do enroll this way, you will be notified to correct it. There are no refunds for State employee contributions paid while under dual coverage.

Medical Benefits

Medical Plans

Benefit Options offers employees three types of medical Plans and four provider networks. Each Plan has identical benefits with different premiums, copayments, deductibles, and provider networks. See a full comparison on pg. 4.

EPO (Exclusive Provider Organization)

- Available for active employees and retirees.
- Services must be obtained from an in-Network provider.
- In-Network preventive services are covered at 100%.
- Out-of-Network services are only covered in emergency situations.



PPO (Preferred Provider Organization)

- Available for active employees and retirees.
- Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services.
- In-Network preventive services are covered at 100%.
- In-Network and out-of-Network deductibles must be met.

HDHP with HSA (High Deductible Health Plan with Health Savings Account)

- Available for active employees only.
- The State will make biweekly contributions to your HSA to use towards qualified medical expenses.
- Employees can contribute to the HSA on a pre-tax basis and use the funds to pay for qualified medical expenses.
- Premiums are 50% less than the next most expensive plan.
- In-Network preventive services are covered at 100%.
- In 2018, the HDHP with HSA Plan will participate in a joint venture between Banner Health and Aetna. This will allow you to still access the same Aetna network as before, but pay 15% less when you use Banner facilities.
- Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services.
- In-Network and out-of-Network deductibles must be met.

High Deductible Health Plan Deductibles

The IRS has slightly increased HDHP deductibles for 2018 to \$1,350 for single members, \$2,700 for family coverage. This is the lowest possible deductible allowed by the IRS.

Health Savings Account Contribution Limits

Also, the IRS has increased annual contribution limits for Health Savings Accounts (HSA) for 2018.

Health Savings Account Contribution Limits	
	2018
Employee Only	\$3,450
Family	\$6,900

Preventive Care

Starting in 2018, you and your family may be eligible for some important preventive services with **no copay**. For example, depending on your age, you may have access — at no cost — to preventive services such as:

- Blood pressure, diabetes, and cholesterol tests.
- Many cancer screenings, including mammograms and colonoscopies.
- Screenings to ensure healthy pregnancies.
- Regular well-baby and well-child visits, from birth to age 21.
- Seasonal flu and pneumonia immunizations.

More information will be available in the 2018 editions of the *Benefit Options Benefit Guide* and the *Summary of Benefits and Coverage* available in January on **benefitoptions.az.gov**.

Medical Benefits, cont.

MEDICAL PREMIUMS PER PAY PERIOD (26 PAY PERIODS) ¹							
	EPO PLAN		PPO PLAN		HDHP with HSA PLAN		
	Employee	State	Employee	State	Employee	State	Agency HSA Contribution
Employee Only	\$20.31	\$267.56	\$51.78	\$271.94	\$10.15	\$180.97	\$27.69
Employee + Adult	\$60.42	\$549.72	\$109.15	\$575.01	\$30.46	\$375.07	\$55.38
Employee + Child	\$51.28	\$357.07	\$73.11	\$384.80	\$25.89	\$245.18	\$55.38
Family	\$112.20	\$602.26	\$127.43	\$670.85	\$56.35	\$417.88	\$55.38

1 UA has 24 pay period deductions. See your HR website for details. For the NAU Blue Cross Blue Shield plan rates, see your HR website. For the NAU only BCBS PPO Plan details, go to nau.edu/human-resources/benefits/benefit-plan-document/

Medical Copays

No copay changes have occurred since 2009. Increased copays for medical visits and prescriptions are needed due to higher costs. However, routine preventive care is now included with no copay. This includes routine wellness exams, a wide range of screening tests, immunizations and preventive care medications.

MEDICAL COPAYS – EPO & PPO PLANS	
SERVICES	Copay
Routine Preventive Healthcare	\$0
Office Visit	
Primary Care Physician (PCP)	\$20
Doctor on Demand video telehealth	\$20
Mental Health Provider	\$20
OB/GYN	\$20
Specialists (all other)	\$40
*Chiropractor; Therapist: Occupational, Physical, Respiratory, Speech	\$40
Emergency Room	\$200
Urgent Care	\$75
Radiology (CAT, MRI, PET) (Routine X-rays are covered 100%)	\$100
Outpatient Surgery Copay	\$100
**Inpatient Hospital Admission	\$250

*These providers are now included in the specialist category. **Not applicable for maternity.

Medical Management Services

When you enroll with Benefit Options medical insurance, you get more than basic healthcare coverage. You get personalized medical management programs at no additional cost.

The medical Network you select during open enrollment serves their specific members. Professional, experienced staff work on your behalf to make sure you are getting the best care possible and that you are properly educated on all aspects of your treatment.

Transition of Care

If you are undergoing an active course of treatment with a doctor not contracted with your new selected Network, you can apply for Transition of Care (TOC). Forms are available at benefitoptions.az.gov

Doctor on Demand

Board-certified doctors are available 24/7 over live video from your device. Billed as a PCP copay, it is less expensive than a visit to the ER or Urgent Care. **Learn more on pg. 8.**



NurseLine

A dedicated team of nurses, physicians, and dietitians are available 24/7 for consultations. If you need medical advice or have treatment questions, you can call the toll-free NurseLine.

- **Aetna: 1-800-556-1555**
- **BCBSAZ: 1-866-422-2729, Opt. 9**
- **Cigna: 1-800-968-7366**
- **UnitedHealthcare: 1-800-401-7396**

Medical Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only. For a complete list of other benefits coverage and out-of-Network services, view the Summary Plan Descriptions at benefitoptions.az.gov. For the first time since 2009, there will be an increase in copays.

		EPO PLAN ¹	PPO PLAN	HDHP with HSA ²
		IN-NETWORK	IN-NETWORK	IN-NETWORK
		Aetna BCBSAZ Cigna UnitedHealthcare	Aetna BCBSAZ ³ UnitedHealthcare	Aetna
Plan Year Deductible ⁴	EE Only	None	\$500	\$1,350
	EE + Adult	None	\$1,000	\$2,700
	EE + Child	None	\$1,000	\$2,700
	Family	None	\$1,000	\$2,700
Out-of-Pocket Maximum ^{4,5}	EE Only	\$7,350	\$1,000	\$2,000
	EE + Adult	\$14,700	\$2,000	\$4,000
	EE + Child	\$14,700	\$2,000	\$4,000
	Family	\$14,700	\$2,000	\$4,000
Lifetime Maximum		Unlimited	Unlimited	Unlimited
EMPLOYEE COPAYMENT / CO-INSURANCE²				
Behavioral Health	Inpatient	\$250	\$250	10% after deductible
	Outpatient	\$20	\$20	10% after deductible
Chiropractic		\$40	\$40	10% after deductible
Durable Medical Equipment		\$0	\$0	10% after deductible
Emergency ER copay waived if admitted	Ambulance	\$0	\$0	10% after deductible
	ER	\$200	\$200	10% after deductible
	Urgent care	\$75	\$75	10% after deductible
Inpatient Hospital Admission		\$250	\$250	10% after deductible
Laboratory		\$0	\$0	10% after deductible
Office Visits	PCP	\$20	\$20	10% after deductible
	Preventive	\$0	\$0	\$0
	Specialist ⁶	\$40	\$40	10% after deductible
	OB/GYN	\$20	\$20	10% after deductible
Outpatient Services		\$100	\$100	10% after deductible
Radiology (CAT, MRI, PET) (X-rays are covered 100% ⁷)		\$100	\$100	10% after deductible

¹ If an employee goes out-of-Network, there is no coverage, except in emergency situations.

² HDHP with HSA Plan members have access to the Aetna network but can save 15% when using Banner facilities.

³ For the NAU only BCBS PPO Plan details, go to nau.edu/human-resources/benefits/benefit-plan-document/

⁴ Copayments apply after the Plan deductible is met. Copayments and Deductible apply to the out-of-pocket maximum.

⁵ The Plan pays 100% after the out-of-pocket maximum is met.

⁶ All Mayo Clinic Primary Care Physicians (PCP) contract with Cigna HealthCare as specialists, therefore all primary care services administered by Mayo PCPs will be subject to the \$40 specialist copayment.

⁷ EPO/PPO plans only.

How alex® Works

ALEX® is an online tool that will help you select the best benefit plan for you and your family. When you talk to ALEX he'll ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX remains anonymous, so don't be afraid to really let loose about that weird tooth thing.



How long will this take?

Most users spend about 7 minutes with ALEX, but it really just depends how much guidance you'd like. And ALEX can save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

How should I prepare?

You don't need to do much of anything.

ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

How does ALEX know what plan is best for me?

ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he'll recommend the least expensive plan for your needs.

Can I use ALEX on my phone?

Oh yeah. ALEX is optimized for any device you've got.

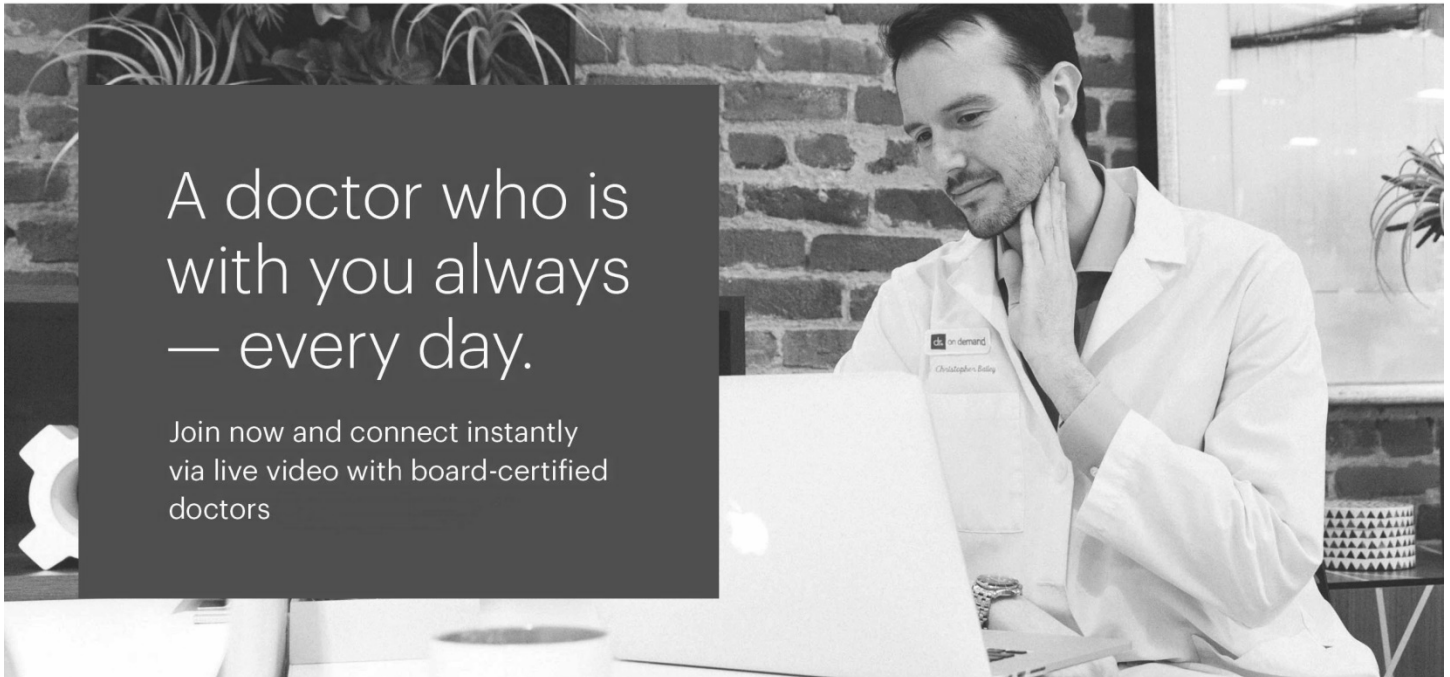
Can I trust ALEX with my secrets?

Yes! Your ALEX experience is totally private. He doesn't maintain personal info or submit it back to your employer (or anyone else), so it's completely anonymous.

Meet ALEX at
myalex.com/adoa/2018

alex® BENEFITS
COUNSELOR

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How it works

Connect with our doctors right from your phone, tablet, or computer on demand or by appointment – 365 days a year, 24/7. Through live video, our hand-picked doctors review symptoms and medications, perform an exam, and may recommend treatment, including prescriptions and lab work.

How we can help

Our board-certified doctors treat a wide variety of health conditions, including:

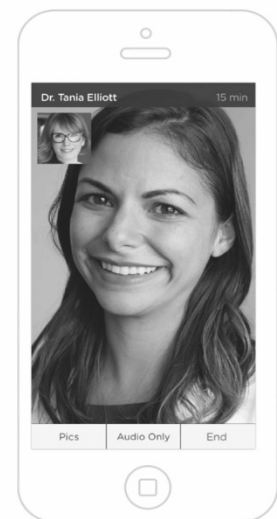
- Colds & Allergies
- UTIs
- Heartburn & Indigestion
- Eczema & Acne
- Migraines
- Prescription Refills*
- Pink Eye & more
- Flu

What it costs

-EPO/PPO: \$20 copay. The same as a Primary Care Physician visit.

-HSA: \$49. Less than a visit to Urgent Care or the ER.

-No setup or monthly fees.



Doctor On Demand operates subject to state laws. As of August 2017, Doctor On Demand offers Medical care in all 50 states including the District of Columbia. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician. *Doctor On Demand physicians do not prescribe Controlled Substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

Prescription Drug Coverage

MedImpact is the prescription drug provider for all medical Plans. All prescriptions must be filled at an in-Network pharmacy by presenting your medical card.

Formulary

The formulary is the list of medications chosen by a committee of doctors and pharmacists to help you maximize the value of your prescription benefit. These generic and brand name medications are available at a lower cost. The use of non-preferred medications will result in a higher copay.



Changes to the formulary can occur during the Plan Year. Medications that no longer offer the best therapeutic value for the Plan are removed from the formulary. Ask your pharmacist to verify the current copay amount when your prescription is filled.

Some preventive medications are covered with no copayment. Copayments apply to the out-of-pocket maximum. HDHP participants are subject to a deductible and will be responsible for 100% of the contracted rate for non-preventive prescription drugs. Once the deductible is met, the standard copays will apply.

To see what medications are on the formulary, visit the Pharmacy page on **benefitoptions.az.gov** or contact the MedImpact Customer Care Center and ask to have a copy sent to you. Sharing this information with your doctor helps ensure you are getting the best value, which saves money for you and the State of Arizona.

Prescription Drug Copays for 2018

	Generic	Preferred Brand Name	Non-Preferred Brand Name
Retail 30 Days	\$15	\$40	\$60
Retail 90 Days	\$37.50	\$100	\$150
Mail Order 90 Days	\$30	\$80	\$120

Specialty Pharmacy Program

Certain medications used for treating chronic or complex health conditions are handled through the Walgreens Specialty Pharmacy Program. This program assists you with monitoring your medication needs and provides patient education.

The program includes monitoring of specific injection drugs and other therapies requiring complex administration methods and special storage, handling, and delivery. Specialty medications are limited to a 31-day supply and may be obtained only at a Walgreens retail pharmacy or through the Walgreens Specialty Central Fill facility by calling 1-888-782-8443.

Medication Prior Authorization

Prescriptions for certain medications may require clinical approval before they can be filled, even with a valid prescription. These prescriptions may be limited to quantity, frequency, dosage or may have age restrictions. The authorization process may be initiated by you, your local pharmacy, or your physician by contacting MedImpact.

Non-Covered Drugs

Certain medications are not covered as part of the Benefit Options Plan. If you find such a drug has been prescribed for you, be sure to discuss an alternative treatment with your doctor.

Out-of-Network & International

The cost of prescriptions filled out-of-Network will not be reimbursed. No international pharmacy services are covered. Be sure to order your prescriptions before your trip and take your prescriptions with you. Replacement medication is not covered if your medication is lost, stolen, or damaged.

Dental Plans

Benefit Options offers employees two dental plan options. Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit benefitoptions.az.gov.

Cigna Dental DHMO

Fully-insured Dental Health Maintenance Organization Plan with no deductibles or dollar limits. Services must be obtained from an in-Network provider. Out-of-Network services are only covered in emergency situations. This carrier replaces Total Dental Administrators (TDA).

Delta Dental PPO Plus Premier

Self-insured dental Preferred Provider Organization Plan. Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services. Additionally, there are in-Network and out-of-Network deductibles that must be met.



Dental Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only and are subject to all provisions, terms and conditions of the Plan Description or Patient Charge Schedule. For a complete list of other benefits coverage and out-of-Network services, view the Summary Plan Descriptions at benefitoptions.az.gov.

		CIGNA		DELTA DENTAL	
Plan Type		DHMO		PPO	
DENTAL PREMIUMS PER PAY PERIOD (26 PAY PERIODS) ¹					
		Employee	State	Employee	State
Employee Only		\$1.64	\$2.29	\$14.30	\$2.29
Employee + Adult		\$3.29	\$4.58	\$30.33	\$4.58
Employee + Child		\$3.08	\$4.58	\$23.34	\$4.58
Employee + Family		\$5.46	\$6.32	\$48.26	\$6.32
Plan Year Deductibles		None		\$50/\$150	
Annual Combined Basic & Major Svs		No Dollar Limit		\$2,000 per person	
Orthodontia Lifetime		No Dollar Limit		\$1,500 per person	
EMPLOYEE COST FOR CARE					
PREVENTIVE CARE CLASS I	Oral Exam	\$0		\$0 - Deductible Waived ²	
	Emergency Exam	\$0 (pain treatment) \$55 (after hours office visit)		\$0 - Deductible Waived ²	
	Prophylaxis/Cleaning	\$0		\$0 - Deductible Waived ²	
	Fluoride Treatment	\$0		\$0 (to age 18) - Deductible Waived ²	
	X-Rays	\$0		\$0 - Deductible Waived ²	
Sealants		\$12 per tooth		20% (to age 19)	
Fillings		Amalgam: \$0 Resin: \$0		20%	
Extractions		Simple: \$12 Surgical \$53		20%	
Periodontal Gingivectomy		\$91: (1 to 3 teeth) \$180: (4 or more teeth)		20%	
Oral Surgery		\$12 - \$850		20%	
Crowns		\$150 -\$500		50%	
Dentures		\$680 upper & lower		50%	
Fixed Bridgework		\$135 per unit		50%	
Crown/Bridge Repair		\$43		50%	
Implant Body		\$1,025		50% ³	
ORTHODONTIA		Coverage for Adults & Children 24-month treatment fee (see charge schedule)		See lifetime	
OTHER SERVICES	TMJ Exam/Services	\$330 Occlusal orthotic device		Not covered	
	External Bleaching	\$165		Not covered	

¹ UA has 24 pay period deductions. See your HR website for details.

² Routine visits, exams, and cleanings, and fluoride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapical) are covered once per Plan Year at 100%.

³ Subject to both the benefit year allowance & the lifetime maximum limit-\$1,000 per tooth. Subject to all provisions, terms and conditions of the Plan Description.

Vision Plans

Avesis is the Benefit Options vendor for the vision programs. Benefits are subject to all provisions, terms and conditions of the policy. For more information, visit the Benefit Options Website at benefitoptions.az.gov.

Avesis Advantage Program

The Avesis Advantage Program is voluntary insurance where you pay the entire premium. It provides yearly coverage for a vision exam, glasses or contact lenses, extensive provider access throughout the state, and a \$600 allowance for LASIK. You can also receive unlimited discounts on additional optical purchases.

Avesis Discount Program

If you choose not to enroll in the Avesis Advantage Program, you will automatically receive an Avesis Discount card at no cost. The Avesis Discount card provides you and your family with substantial discounts on vision exams and corrective materials. Enrollment in this program is not required.



Vision Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only. For a complete list of other benefits coverage, view the Plan Policy on the Benefit Options Website at benefitoptions.az.gov.

		Avesis Advantage Program	Avesis Discount Program ¹
PAY PERIOD VISION PREMIUMS (26 PAY PERIODS)²			
Employee Only		\$1.84	\$0.00
Employee + Adult		\$5.97	\$0.00
Employee + Child		\$5.89	\$0.00
Employee + Family		\$7.43	\$0.00
Examination Frequency		Once per Plan Year	Once per Plan Year
Lenses Frequency		Once per Plan Year	Once per Plan Year
Frame Frequency		Once per Plan Year	Once per Plan Year
EMPLOYEE COST FOR CARE			
Examination Copay		\$10 copay	20% discount
Optical Materials Copay (Lenses & Frame Combined)		\$0 copay	Refer to schedule below
Standard Spectacle Lenses	Single Vision Lenses	Covered-in-full	20% discount
	Bifocal Lenses	Covered-in-full	20% discount
	Trifocal Lenses	Covered-in-full	20% discount
	Lenticular Lenses	Covered-in-full	20% discount
	Progressive Lenses	Uniform discounted fee schedule	20% discount
	Selected Lens Tints & Coatings	Uniform discounted fee schedule	20% discount
Frame		Up to \$100-\$150 retail value (\$50 wholesale cost allowance)	20% discount
Contact Lenses (instead of frame/ spectacle lenses)	Elective	10-20% discount & \$150 allowance ³	10-20% discount
	Medically Necessary	Covered-in-full	10-20% discount
LASIK/PRK		Up to \$600	10-20% discount

¹ Members that choose not to enroll in the Advantage Vision Care Program will automatically be enrolled in the Discount Plan at no cost.
² UA has 24 pay period deductions. See your HR website for details.
³ Includes fitting, follow-up and materials.

Life & Short-Term Disability Insurance

The Hartford is the Benefit Options vendor for life and short-term disability insurance. Benefits are subject to all provisions, terms and conditions of the policy. For more information, visit benefitoptions.az.gov.

University Faculty and Staff: To assist you in making an informed decision, please refer to your HR website to compare both the state- and university-sponsored plans.



Basic Life Insurance

You are automatically covered at no cost to you. The State pays a premium for \$15,000 Basic Life Insurance and \$15,000 Accidental Death and Dismemberment (AD&D) insurance.

Supplemental Life and AD&D Insurance

Supplemental life and AD&D insurance is available in increments of \$5,000 (not to exceed \$500,000 or 3 times your annual salary). Your premium for the first \$35,000 of supplemental life insurance is pretax. Your premium for supplemental life and AD&D insurance is based on your age as of January 1 (the first day of the Plan Year).

The Hartford premium for supplemental life and AD&D will be reduced for 2018. The savings have been passed on to you.

Dependent Life Insurance and AD&D Insurance

You can purchase life insurance coverage for your dependents. Each dependent will be covered for the amount you choose for a small employee premium.

SUPPLEMENTAL LIFE AND AD&D PREMIUMS PER PAY PERIOD (26 PAY PERIODS)^{1,2}

Your Age	2018
	Cost Per \$5,000
29 and under	\$0.16
30-34	\$0.18
35-39	\$0.21
40-44	\$0.35
45-49	\$0.46
50-54	\$0.74
55-59	\$1.06
60-64	\$1.89
65-69	\$1.89
70+	\$2.98

¹ UA has 24 pay period deductions. See your HR website for details.
² The total calculated premium may vary due to payroll rounding.

DEPENDENT LIFE AND AD&D PREMIUMS PER PAY PERIOD (26 PAY PERIODS)^{1,2}

Coverage Amount	Cost per pay period
\$2,000	\$0.43
\$4,000	\$0.87
\$6,000	\$1.30
\$10,000	\$2.17
\$12,000	\$2.60
\$15,000	\$3.25
\$50,000 ³	\$10.85

¹ UA has 24 pay period deductions. See your HR website for details.

² The total calculated premium may vary due to payroll rounding.

³ Employees must have combined basic and supplemental coverage of at least \$50,000; supplemental life elections must be at least \$35,000.

Life & Short-Term Disability, cont.

Short-Term Disability (STD) Insurance

STD Insurance is voluntary insurance where you pay the entire premium.

If you are unable to work due to a non-work-related injury (as determined by The Hartford), you may receive a weekly benefit for up to 26 weeks. If you are unable to work due to illness or pregnancy, you may receive a weekly benefit after your benefit waiting period for up to 18 or 22 weeks. The STD benefit pays up to 66-2/3% of your weekly pre-disability earnings. You must meet the actively-at-work provision.

STD PREMIUMS (26 PAY PERIODS)^{1,2}

EMPLOYEE COST PER PAY PERIOD

\$0.18 per \$100 of your earned monthly wages
Monthly premium = (Earned monthly wages/100) x \$0.18

Example: Earned monthly wages = \$2,000
Monthly premium = (\$2,000/100) x \$0.18 = \$3.60

¹ UA has 24 pay period deductions. See your HR website for details.

² The total calculated premium may vary due to payroll rounding and individual wages.

Benefit Waiting Period

There is no waiting period if you have a non-work-related injury, benefits start on the first day of your disability. Your benefits will start on the 31st day if you become disabled due to illness or pregnancy. If you elect STD coverage after your initial eligibility enrollment period and become disabled during the first 12 months of being covered under the Plan, your benefits will start on the 61st day of disability due to illness or pregnancy.

Payment Reduction

Paid benefits will be reduced by 100% of any sick, annual, and donated leave paid to you after the benefit waiting period.

WEEKLY MINIMUM

\$57.69

WEEKLY MAXIMUM¹

\$769.27

¹ Benefits are reduced by 100% of any sick, annual, and donated leave paid to you after the benefit waiting period.

Long-Term Disability Insurance

As a benefits-eligible employee, you are automatically enrolled in one of the State's two Long-Term Disability (LTD) programs. The retirement system to which you contribute determines the LTD program available to you.

Arizona State Retirement System Participants

Broadspire Services, Inc. is the administrator for Arizona State Retirement System (ASRS) Participants LTD Program. This includes management of LTD claims, which was formerly managed by Sedgwick CMS. Your LTD benefit will pay up to 66-2/3% of your income earnings during your disability as determined by Broadspire and based on supporting medical documentation.

To learn more—visit azasrs.gov or call 602-240-2000 or 1-800-621-3778 if outside of Phoenix. For hearing impaired, call TTY 602-240-5333.

Non-ASRS Participants

The Hartford is the Benefit Options vendor for non-ASRS participants. Your LTD benefit may pay up to 66-2/3% of your monthly pre-disability earnings with a maximum benefit of \$10,000 per month during your disability as determined by The Hartford and based on supporting medical documentation.

Flexible Spending Accounts

Flexible Spending Account Types

Healthcare and Dependent Care Flexible Spending Accounts (FSAs) administered by ASIFlex allow you to set aside pretax dollars to pay healthcare expenses or out-of-pocket child care expenses for dependents under the age of 13. There are three types of FSAs:

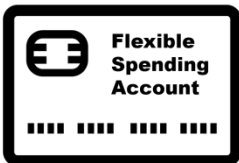
- 1) **Healthcare FSA:** Pays for qualified medical, dental, and vision expenses, including insurance copays and deductibles. (EPO and PPO participants only.)
- 2) **Dependent Care FSA:** Pays for the care of a dependent child or adult so that you can work.
- 3) **Limited Purpose FSA:** Pairs with a health savings account to help you pay for dental and vision expenses. (HSA participants only.)

Enrollment in an FSA must be completed annually during Open Enrollment. You specify the annual dollar amount of your earnings to be deposited to each account. Minimum and maximum contributions apply.

Flexible Spending Account Annual Contributions	
Medical and Limited Purpose	
Minimum	Maximum
\$130	\$2,600
Dependent Care ¹	
Minimum	Maximum
\$260	\$5,000 (<i>\$2,500 married & filing separately</i>)
¹ IRS regulations may require ADOA reduce your contribution due to IRS non-discrimination test requirements. The Dependent Care FSA for Highly Compensated Employee contribution is limited to \$1,600 in 2018. (A highly compensated employee is defined by the IRS as having earned \$120,000 or more in 2017.)	

ASIFlex Debit Card for Healthcare FSAs

This year we are offering a new option for healthcare FSA participants—an ASIFlex Card debit card. Your debit card will be pre-loaded with the entire amount of the deductions you selected for the plan year. This makes it much more convenient to use your FSA contributions.



The ASIFlex Debit Card is a limited-use benefit card that will allow you to pay the merchant or healthcare provider directly from your health FSA account. The card is accepted at healthcare and retail providers that accept VISA. At the point-of-sale, simply present your card for payment. The advantage of the card is that you do not have to pay with cash or personal credit card. The merchant will process the transaction; then the card company will then report the transaction to ASIFlex.

Use of the debit card is not paperless, and documentation is required in many cases. Only provide documentation to ASIFlex upon request. ASIFlex will notify you if documentation is required.

University Faculty and Staff: Please see your HR website for your flexible spending account options.

Wellness

All Benefits eligible employees may participate in the Wellness program. The program offers free or low-cost services such as educational seminars and webinars, mini-health screenings, flu shots and health challenges.

Health Impact Program (HIP)

The Health Impact Program is an incentive-based employee wellness program for all benefits eligible State of Arizona employees. Through engagement and completion of designated activities, employees who 500 points could receive up to \$200.



HIP is designed to promote and encourage the health and well-being of state employees through sustained engagement in a variety of challenges, preventive health activities and screenings. To receive the payout, employees must be active and benefits eligible throughout the program year *and* the payout period.

The online portal provides a confidential, personalized system for completing the Health Assessment, synching to a fitness app or device, and for participating in wellness challenges and digital health coaching. The portal also serves to self-report and tracking other HIP activities and points. Accommodations will be made available for employees with access issues. Look for more program details and guidelines in January on benefitoptions.az.gov/wellness.

Healthwaves Preventive Screenings

The worksite mini-health screening focuses on prevention and early detection of heart disease and diabetes. Tests include the full lipid panel, blood pressure, body composition, blood glucose measures, and Hemoglobin A1c. Our vendor also offers optional screens for osteoporosis, Prostate Specific Antigen (PSA) and more.



Mobile Onsite Mammography (MOM)

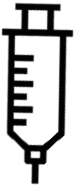
To fight cancer through early detection, we offer mammograms at worksites across Arizona. For convenience, appointments only last 15 minutes and results are sent directly to your physician.

Prostate Onsite Project (POP)

Early detection is the best defense against prostate cancer. POP provides free, convenient prostate cancer screenings at the worksite with a mobile medical unit. Participants receive a PSA blood test, digital rectal exam (DRE), testicular exam, and a doctor consultation.

Flu Vaccine Program

During the flu season, Wellness provides employees free flu shots at many State worksites and public clinic locations. See benefitoptions.az.gov/wellness for locations.



Employee Assistance Program



The Employee Assistance Program (EAP) is for all benefits-eligible employees, their spouses and dependents. ComPsych offers **12** free, confidential counseling sessions per issue per year to help with personal matters, loss, stress, anxiety, or financial concerns.

To access online resources and see all the services ComPsych provides, visit guidanceresources.com. For more information on the Wellness programs and services, visit benefitoptions.az.gov/wellness.

Tuition Discount Program

ADOA has partnered with local and national institutions to offer an exciting opportunity to help you advance your education. This benefit provides you with discounts at several accessible, attainable, and affordable degree programs. Our negotiated discounts are 10-15% off and in some instances your dependents may also be eligible to participate. **To learn more—visit benefitoptions.az.gov.**




Important Plan Information for Participants & Beneficiaries

If you participate or enroll in any of the Benefit Options Plans, you are entitled to the following documents and Legal Notices. The information below is a list and summary of these documents. Detailed information is available to you electronically on the Benefit Options Website at **benefitoptions.az.gov**.

Documents	Summary Description
Health Insurance Marketplace Coverage	Key parts of the healthcare law allow you a way to buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, a notice that provides some basic information about the new Marketplace and the Benefit Options health coverage is available.
Summary of Benefits and Coverage and Uniform Glossary	As part of the Affordable Care Act, the federal government announced new rules regarding the disclosure of the Summary of Benefits and Coverage (SBC) and Uniform Glossary. These regulations require group health plans and health insurance issuers that offer coverage for groups and individuals to provide access to the SBC and Uniform Glossary.
Summary Plan Description (SPD)	The SPD, or Plan Document, is a summary of important benefit features of your Plan. The SPD may be revised at any time for Plan clarification purposes.
Insurance Certificates and Policies	Provides information on specific benefit coverage and limitations.

Legal Notices	Summary Description
Health Insurance Portability & Accountability Act (HIPAA)	This notice protects the privacy of individually identifiable health information and establishes who can use the personal health information and how it can be used.
Medicare Notice of Creditable Coverage	This notice has information about the prescription drug coverage through the Benefit Options program for participants with Medicare. It explains the options you have under Medicare prescription drug coverage (Medicare Part D) and can help you decide whether you want to enroll.
Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage Notice	Notice of the Arizona Benefit Options Program COBRA Coverage. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.
Patient Protection & Affordable Care Act (PPACA)	Notices of the Arizona Benefit Options Program about PPACA.
HIPAA Special Enrollment Rights Notice	This notice provides information regarding special enrollment. You may be able to enroll in the Benefit Options health plan without waiting for the next open enrollment period if you request a QLE change within 31 days of an event for loss of other coverage or birth, adoption or placement for adoption. Also, you may enroll if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage.
Women's Health and Cancer Rights Act (WHCRA)	This notice describes mandated benefits for mastectomy-related services and informs individuals that services are available for such treatment and services, including reconstructive surgery, prosthesis, and lymphedema treatment, and explains how to obtain a detailed description of the mastectomy-related benefits under the Plan.
Newborns' and Mothers' Health Protection Act of 1996	This notice provides that health plans and issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for prescribing a length of stay not more than 48 hours (or 96 hours). The plan may not require that a provider obtain authorization from the Plan for prescribing the minimum length of stay.
Wellness Program	This notice requires employers that offer wellness programs that collect employee health information to inform employees what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential.

Contact Information

Plan Type	Vendor Name	Phone	Website & Email
Benefit Options	ADOA Benefit Services Division 100 N. 15th Ave., Ste. 260 Phoenix, AZ 85007	602-542-5008 800-304-3687	benefitoptions.az.gov benefitsissues@azdoa.gov
Dental Plans	Delta Dental of Arizona	602-588-3620 866-9STATE9	deltadentalaz.com
	Cigna	800-968-7366	cigna.com/stateofaz
Employee Assistance Plan	Compsych	877-327-2362	guidancesresources.com Company code: HN8876C
Flexible Spending Accounts	ASI Flex	800-659-3035	asiflex.com
Health Savings Account - HSA	Payflex	866-217-1593	payflex.com
Life & Short-Term Disability Plans	The Hartford	866-712-3443	groupbenefits.thehartford.com/arizona
Long-Term Disability Plans	Broadspire Services, Inc. (ASRS participants)	877-232-0596	azasrs.gov/content/long-term-disability
	The Hartford (PSPRS, EORP, CORP, & ORP participants)	866-712-3443	groupbenefits.thehartford.com/Arizona
Medical Plans	Aetna	866-217-1953	aetna.com
	Blue Cross Blue Shield of AZ	866-287-1980	azblue.com
	Cigna	800-968-7366	cigna.com/stateofaz
	UnitedHealthcare	800-896-1067	welcometouhc.com/stateofaz
Pharmacy Plan	MedImpact	888-648-6769	benefitoptions.az.gov
University Employees	Arizona State University	Employees: 855-278-5081 Faculty: 480-727-9900	cfo.asu.edu/hr-benefits HRESC@asu.edu
	Northern Arizona University	928-523-2223	nau.edu/human-resources
	University of Arizona	520-621-3660	hrsolutions@email.arizona.edu
Vision Plan	Avesis, Inc.	888-759-9772	avesis.com
Virtual Benefits Counselor			<p>ALEX is our virtual benefits counselor that is easy to use, uses plain language and is completely confidential. This quick tool will help you find the plan that best serves your needs, based on your particular use.</p> <p>myalex.com/adoa/2018</p>
Wellness	ADOA Benefit Services Division	602-771-9355	benefitoptions.az.gov/wellness

Let's Find Your Best Benefits



We know that every penny counts in your budgeting and are pleased to introduce ALEX®, the virtual benefits counselor.

ALEX walks you through the process of picking your best benefits, and provides easy-to-understand explanations for any questions you might have along the way. You'll receive personalized, confidential benefits guidance, which you can access 24/7 on your computer, tablet, or smartphone. Before you make your enrollment decisions, let ALEX help you find the plans that make the most sense for you and your family.

Talk With ALEX Before You Enroll

Prepare to make the best benefits decisions for you.

Visit myalex.com/adoa/2018

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